U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-012 617

3. Name and address of person filing

Name WILLIAM J WHELAW

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

4. Name, file number, and address of labor organization.

Labor Organization File Number 012-619

Name LOCAL 584, 1BT

1/1/2004 Through: 12/31/2004

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 111 ACAPULCO . S.T	Street 73 HI: DSON ST
City ATLANTIC BEACH	CITY NEW YORK
State NEW YORK ZIP Code + 4 //509	State NEW YORK ZIP Code + 4 10013
5. Position in labor organization. PRESIDENT	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Ccde + 4	
Signature Way Mulu	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed Mr. Muleli	On 8/15/05 5/6 37/ 1348 Telephone Number
E	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Local 584 TRUST FUND Trade Name, if any P.O. Box, Bldg., Room No., if any Street 73 HUDSON ST City NEW YORK State NEW YORK ZIP Code + 4 10013	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	RELATED PENSION FUND FOR UNION MEMBERS	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 1/04 PA!-MENT FOR 12/03	
	1/04 PA: MENT FOR 12/03 MEETING WINVESTMENT CONSULTANT, S. WENDLING. OHCAGO, ILL. 12.b. Amount. \$809.82	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a Nature of payment	
Name		
Trade Name, if any		
P O. Box, Bldg , Room No., if any		
Street		
City		

14.b. Amount of payment

ZIP Code + 4

or Consultant

?

13.b. Is the Business an Employer

State

Name of Person Filing	WILLIAM	J	WHELAN

File Number U- 0/2-6/9

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: LOCAL 584 TRUST FUNDS a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room Ng., if any c. Employer ZIP Code + 4 10013 10. If 9.b. or 9.c. is checked give trust or employer's name. RELATED HEALTH + PENSION Name FUNDS FOR UNION MEMBERS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing City NATIONAL LABOR MANAGEMENT CONFERENCE 2/12-2/11/04 HOLLYWOOD, FLA. AIRFARE, LODGING, REGISTRATION FEES, + REASONABLE EXPENSES 12.b. Amount \$ 3,942 \$ 56 12.a. Nature of interest held or income received. State ZIP Code + 4 C. Received from any employer (other than an employer covered under parts A and B above)

or from any labor relations consultant to	an employer any payment of m	oney or other thing of value.
13.a. Name and address of Employer or (including trade name, if any).	abor Relations Consultant	14 a. Nature of payment.
Name		
Trade Name, if any		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14 b. Amount of payment.

8. Name and address of Business (including trade name, if any)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Name LOCAL 584 TRUST FUND

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

Street 13 HUDSON ST City NEW YORK	c. Employer
City NEW YORK	
State NEW YORK ZIP Code + 4 10013	
10. If 9.b. or 9.c is checked give trust or employer's name	11.a. Nature of such dealing.
Name	RELATED HEALTH & PENSION FUNDS FOR UNION MEMBERS
Trade Name, if any	FUNDS FOR UNION MEMBERS
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing \$\frac{4}{3}\$, 556, 913
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	EDUCATIONSAL CONFERENCE 3/14-3/17/04 LAS VEGAS, NV
	TEAMSTER TRUSTEE EDUCATION
	AIR, LODGING, EXPENSES
	12.b. Amount. \$\\\\ 3,596.02
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	•
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name	
Trade Name, if any	
P O. Box, Bidg , Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b Amount of payment.

9. Business deals with:

b. Trust

Labor Organization

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

ZIP Code + 4

or Consultant

File Number U- 012 - 619

of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name LOCAL 584 TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 73 HUDSON ST City NEW YORK State NEW YORK ZIP Code + 4 10013	9, Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg, Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. RELATED HEALTH + PENSION FUNDS FOR UNION MEMBELS 11.b. Approximate dollar value of such dealing. \$9,556,913 12.a. Nature of interest he c. or income received LUNCH @ TRUSTEE MEETING 3/10/04-
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a. Nature of payment
Name	
Trade Name, if any	
P.O. Box, Bidg., Room No , if any	

14.b Amount of payment.

13.b. Is the Business an Employer

Street

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or

ZIP Code + 4

or Consultant

?

(2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organiz	
8. Name and address of Business (including trade name, if any). Name Local 584 TRVST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 73 HUDSON ST City NEW YORK State NEW YORK ZIP Code + 4 10013	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg, Room No., if any Street City State ZIP Code + 4	11 a. Nature of such dealing. RELATED HEALTH + TENSION FUNDS FOR UNION MEMBERS 11.b. Approximate dollar value of such dealing. \$9,556,913 12.a. Nature of interest held or income received LUNCH TRUSTEE MEETING 4/21/0:4 12.b. Amount. \$34.61
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	
Trade Name, if any:	

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg , Room No., if any

13.b. Is the Business an Employer

LOCAL 584 TRUST FUND

Street 13 HUDSON ST City NEW YORK State NEW YORK ZIP Code + 4 10013

8. Name and address of Business (including trade name, if any).

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust ir which your labor organization is interested

10. If 9.b. or 9.c. is checked give trust or e	employer's name.	11 a. Nature of such dealing.
Name		RELATED HEALTH & PENSION FUNDS FOR UNION
Trade Name, if any:		FUNDS FOR UNION
P.O. Box, Bldg., Room No., if any		MEMBERS
Street		11.b. Approximate dollar value of such dealing. #9 CC 9/3
City		12.a. Nature of interest he'c or income received.
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$9,556,913 12.a. Nature of interest he'c or income received. LUNCH C TRUSTEE MEETING
		6/3/04
		12.b. Amount. \$ 89.31
C. Received from any employer (other or from any labor relations consultant to		
13.a. Name and address of Employer or La (including trade name, if any).	abor Relations Consultant	14 a. Nature of payment
Name		
Trade Name, if any		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14 b Amount of payment.

9. Business deals with:

b. Trust

c. Employer

Labor Organization

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name LOCAL S84 TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No lif any Street 73 HUDSON ST City NEW YORK State NEW YORK ZIP Code + 4 10013	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any P.O. Box, Bldg., Room No., if any	11 a. Nature of such dealing. RELATED PENSION FUND FOR UNION MEMBERS
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$9,56,913 12.a. Nature of interest he:d or income received. JULY 2004 MEETING IN CHICAGO, ILL. WINVESTMENT CONSULTFINT AIRFARE, LODGING, EXPENSES 12.b. Amount. \$1,184.85

or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)		14.a. Nature of payment
Name		
Trade Name, if any:		
P.O. Box, Bldg , Room No , if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

of an employer whose employees your labor organ zation represents or is act (2) any part of which consists of buying from or sall ng or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	tively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name LOCAL 584 TRUST FUND	9 Business deals with: a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg , Room No., if any Street 13 HUDSON ST	c. Employer
Street 73 HUDSON ST. City NEW YORK State NEW YORK ZIP Scde + 4 10013	
10. If 9 b. or 9.c is checked give trust or employer's name.	11.a. Nature of such dealing
Name	RELATED HEALTH + TENSION FUNDS FOR UNION
Trade Name, if any	
P.O. Box, Bldg., Room No., if any	MEMBERS
Street	11.b. Approximate dollar value of such dealing \$9,556,913
City	12.a. Nature of interest held or income received.
	12.a. Nature of interest held or income received. LUNCH TRUSTEE MEETING 9/8/04
	12.b. Amount. \$ 34-261
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Corisultant ?	14.b Amount of payment.

Name of Person Filing	ILLIAM T. WHEL	AN File Number U- 012-619
substantial part of which consis of an employer whose employe (2) any part of which consists o	d income or economic benefit with monetary values of buying from, selling or teasing to, or others your labor organization represents or is act buying from or selling or leasing directly or its ation or with a trust in which your labor organisation or with a trust in which your labor organisation.	erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise
Name LOCAL Solution of American Name, if any: P.O. Box, Bldg., Room No., if a Street 13 HUDS City NEW YOR	ON ST	9. Business deals with: a. Labor Organiza∵on b. Trust c. Employer
10. if 9.b. or 9.c. is checked giv	e trust or employer's name.	11.a. Nature of such dealing.
Name		RELATED HEALTHY PENSION
Trade Name, if any:		FUNDS FIR UNION MEMBERS
P.O. Box, Bldg., Room No., if a	пу	
Street		14 h. Anna viscoto della val la efecuela deglina
City		11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State	ZIP Code + 4	INTERNATIONAL FOUNDATION
		ANNUAL DUES FOR 2004-2005 EDUCATIONAL PROGRAMS PAID 10/29/04.
C. Received from any emplor from any labor relations con	loyer (other than an employer covered un sultant to an employer any payment of mon-	der parts A and B above) ey or other thing of value.
13.a. Name and address of Emp (including trade name, if any	ployer or Labor Relations Consultant y).	14.a. Nature of payment
Name		
Trade Name, if any		
P.O. Box, Bldg., Room No., if a	any	
Street		
City	•	
State	ZIP Code + 4	

14.b. Amount of payment

?

or Consultant

13.b. Is the Business an Employer

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seiling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
Name and address of Business (including trade name, if any).	9 Business deals with
Name LOCAL 584 TRUST FUND	
Trade Name, if any:	✓ a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 73 HUDSON ST	c. Employer
City NEWYORK	
State NEW YORK ZIP Code + 4 10013	
10, If 9.b. or 9.c. is checked give trust or employer's name	11 a. Nature of such dealing. RELATED HEALTHY PENSION
Name	KELATED HEALTHY TENSION
Trade Name, if any:	FUNDS FOR UNION
P.O. Box, Bldg., Room No., if any	MEINBERS
Street	11.b. Approximate dollar value of such dealing. #9, 556, 913
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH (1) TRUSTEE MEETING 11/04/04
	11/04/04
	4
	12.b, Amount. \$ 3.5.67
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14.a. Nature of payment
Name	
Trade Name, if any	
P.O. Box, Bldg , Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b Is the Business an Employer or Consultant ?	14.b Amount of payment.